

**consider the effect on
coexisting glaucoma when
you prescribe a vasodilator***



**a vasodilator that has not been
reported to raise intraocular pressure**

VASODILAN[®]
(ISOXSUPRINE HCl)

TABLETS, 20 mg.

the compatible vasodilator

Mead Johnson LABORATORIES

© 1976 MEAD JOHNSON & COMPANY • EVANSVILLE, INDIANA 47721 U.S.A. MJL-54118

***Indications:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.
3. Threatened abortion.

Final classification of the less-than-effective indications requires further investigation.

Composition: Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.

Dosage and Administration: 10 to 20 mg. three or four times daily.

Contraindications and Cautions: There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Adverse Reactions: On rare occasions, oral administration of the drug has been associated in time with the occurrence of severe rash. When rash appears, the drug should be discontinued. Occasional overdosage effects such as transient palpitation or dizziness are usually controlled by reducing the dose.

Supplied: Tablets, 10 mg.—bottles of 100, 1000, 5000 and Unit Dose; 20 mg.—bottles of 100, 500, 1000, 5000 and Unit Dose.

tablets
®

Darvocet-

100 mg. Darvon-N[®] (propoxyphene napsylate)
650 mg. acetaminophen

100

*Additional information available
to the profession on request.*
Eli Lilly and Company, Inc.
Indianapolis, Indiana 46206

$\frac{20}{150}$

H

$\frac{20}{100}$

E A R

$\frac{20}{70}$

I N G I S

$\frac{20}{50}$

A S P R E C I O U S

$\frac{20}{40}$

A S S I G H T H A V E

$\frac{20}{30}$

Y O U H A D Y O U R H E A R I N G

$\frac{20}{20}$

T E S T E D L A T E L Y A S I M I L A R

$\frac{20}{15}$

C O M F O R T A B L E H E A R I N G

$\frac{20}{10}$

I N V E S T M E N T O F A F E W M I N U T E S

Hearing losses are among the most consistently neglected health problems. Many people with them won't even admit it to themselves, let alone others. A little encouragement may start them thinking about themselves more realistically.

That's why we're offering you the poster shown here. You can hang it on the wall or stand it on a small table. It comes with booklets called "As

precious as sight" that give your patients some basic facts about auditory testing and hearing losses and how easy they are to correct in many cases.

Write to us for your free poster and booklets. They just might help you to help some patients who aren't hearing as well as they used to. Even those who ordinarily wouldn't hear of it.

Professional Relations Division, Beltone Electronics Corporation
4201 West Victoria Street, Chicago, Illinois 60646, an American company

Beltone
WHEN A HEARING
AID WILL HELP



**C.O.P.D. used
to keep grandpa
home.**

BRETHINE[®]
terbutaline sulfate

**breathes more
activity into days
and more rest
into nights.**

**Please see summary of full prescribing
information on the back of this page.**

Almost twice as effective as some other bronchodilators.

Brethine 5 mg was almost twice as effective as aminophylline 400 mg in a single-dose study. Brethine is twice as effective as ephedrine. And it has been shown to be more effective than metaproterenol.

Action may last up to 8 hours.

If Brethine is added to theophylline, dosage should be titrated. Tablets of 2.5 mg and 5 mg are available.

Minimal cardiac effect.

One tablet at bedtime, upon arising and at midafternoon may keep patients breathing comfortably through the night and day. Brethine contains no respiratory depressants (tranquilizers, sedatives or alcohol).

Brethine produces proportionally greater changes in pulmonary function than in heart rate or blood pressure.

Note: Patients should be advised that they may experience mild tremor when Brethine therapy is initiated. With continued therapy, tremor usually diminishes while bronchodilation remains highly effective.

Brethine[®] brand of terbutaline sulfate Tablets 5 mg., Tablets 2.5 mg. Before prescribing or administering, please consult complete product information, a summary of which follows:

Tablets contain 5 mg. (equivalent to 4.1 mg. of free base) or 2.5 mg. (equivalent to 2.05 mg. of free base) of Brethine, brand of terbutaline sulfate.

Indications: As a bronchodilator for bronchial asthma and for reversible bronchospasm which may occur in association with bronchitis and emphysema.

Contraindications: Known hypersensitivity to sympathomimetic amines.

Warnings: *Usage in Pregnancy:* The safety of the use of Brethine, brand of terbutaline sulfate, in human pregnancy has not been established. The use of the drug in pregnancy, lactation, or women of childbearing potential requires that the expected therapeutic benefit of the drug be

weighed against its possible hazards to the mother or child.

Usage in Pediatrics: Brethine, brand of terbutaline sulfate, tablets are not presently recommended for children below the age of twelve years due to insufficient clinical data in this pediatric group.

Precautions: Brethine, brand of terbutaline sulfate, should be used with caution in patients with diabetes, hypertension, and hyperthyroidism. As with other sympathomimetic bronchodilator agents, Brethine, brand of terbutaline sulfate, should be administered cautiously to cardiac patients, especially those with associated arrhythmias. Although the concomitant use of Brethine, brand of terbutaline sulfate, with other sympathomimetic agents is not recommended, the use of an aerosol bronchodilator of the adrenergic stimulant type for the relief of an acute bronchospasm is not precluded in patients receiving chronic oral Brethine, brand of terbutaline sulfate, therapy.

Adverse Reactions: Commonly observed side effects include nervousness and tremor. Other reported reactions include headache, increased heart rate, palpitations, drowsiness, nausea, vomiting, and sweating. These reactions are generally transient in nature, usually do not require treatment, and appear to diminish in frequency with continued therapy. In general, all the side effects observed are characteristic of those commonly seen with sympathomimetic amines.

How Supplied: Round, scored, white tablets of 5 mg. in bottles of 100 and 1,000 and Unit Dose Packages of 100; oval, scored, white tablets of 2.5 mg. in bottles of 100. (B) 98-146-060-E (Rev. 4/76)667004 C76-12

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DYAZIDE[®]

MAKES SENSE FOR LONG-TERM CONTROL OF HYPERTENSION*

Each capsule contains 50 mg. of Dyrenium[®] (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.



Before prescribing, see complete information in SK&F Co. brief summary follows:

* WARNING

This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the fixed combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium-sparing action of its 'Dyrenium' component is warranted.

Contraindications: Further use in progressive renal or hepatic dysfunction; hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs. Routine use of diuretics in otherwise healthy pregnancy.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with

leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Do periodic blood studies in cirrhotics to check for nondrug-related variations in blood pictures, and in patients with folic acid depletion, since 'Dyrenium' may contribute to appearance of megaloblastosis. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

SK&F CO., Carolina, P.R. 00630
Subsidiary of SmithKline Corporation

may be elderly or diabetics, with suspected or confirmed renal insufficiency. Periodic determinations of serum K⁺ should be made. If hyperkalemia develops, substitute a thiazide alone, restrict K⁺ intake. The presence of a widened QRS complex or arrhythmia in association with hyperkalemia requires prompt additional therapy. Thiazides are reported to cross the placental barrier and appear in breast milk; fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and other adverse reactions that have occurred in the adult may result. When used in pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics, or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K⁺ frequently; both can cause K⁺ retention and elevated serum K⁺. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium[®] (triamterene, SK&F Co.), and

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SIX ISLANDS & MOUNTAIN VIEWS

Roerig presents a guide through the labyrinth of vertigo



Vertigo is a potentially complex condition often encountered in office practice. Over 3.5 million patient visits last year were traceable to conditions of the inner ear, with vertigo or dizziness as prominent symptoms.

Roerig can help keep you informed on the latest in vertigo therapy through complimentary materials designed to aid in diagnosis, treatment and patient education.

■ **Current Concepts in the Diagnosis and Treatment of Vertigo**—This two-volume audio cassette/print compendium presents the views of four leading clinicians. Subjects include: history-taking, etiology, symptomatology, diagnostic techniques and treatment.

■ **Anatomy Made Simple**—Explanation of the cause and treatment of vertigo can be aided by a detailed anatomic representation of the inner ear structures.

■ **Continuing Update on Vertigo Therapy**—The most recent research and clinical concepts are presented in a semi-annual publication, *Journal of Vertigo*. Contents include an original article and abstracts from the international biomedical literature.

■ **Accurate Patient History-Taking**—A specially designed patient questionnaire can aid in determining the nature of your patients' symptomatology. The *Vertigo History Form* can also provide important diagnostic clues to possible etiologic factors.

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vertigo therapy

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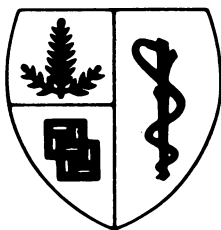
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BASIC SCIENCE FOR CLINICIANS

AT STANFORD UNIVERSITY • FEBRUARY 28-MARCH 4, 1977

This five-day multidisciplinary course is a concise but comprehensive review of basic medical science and is designed to meet the needs of those clinicians who wish to expand their knowledge of molecular biology. Early registration is advised as attendance is limited. Tuition fee is \$250 payable upon application for enrollment.

General lectures will cover a review of chemistry and physics for clinicians, chemical bonds of biological importance, subatomic particles, correlation of cell structure and function, the structure and function of proteins, sugars and lipids, the structure of nucleic acids, DNA synthesis, expression of genetic information, regulation of gene expression, evolution of proteins, carbohydrate and fat metabolism, bioenergetics, molecular aspects of visual excitation, the organization and function of the brain, mutagenic hazards.

Elective sessions will include the biology of water, experimental discovery of charm, bacterial antibiotic resistance, salt and water, interferon, genetic manipulation of microorganisms, dysoxia, association between HL-A and various disease states, muscle contraction, nutrition, prostaglandins, atherosclerosis, mechanisms of immunity, extranuclear genetics, genetics: problems and opportunities, nerve growth factor, drug idiosyncrasy, molecular mechanisms of drug action.

A faculty of 21 Stanford University biomedical scientists, including four Nobel Laureates, will take part in the program.

THERAPY: PRINCIPLES AND USE OF DRUGS

AT STANFORD UNIVERSITY • MARCH 28-APRIL 1, 1977

The objective of this five-day course is to familiarize physicians, and others involved in clinical pharmacology, with the concepts of modern drug use. The program includes an in-depth review of the basic principles and the practical aspects of drug action. **The course is intended to assist physicians in their daily clinical work.** Tuition fee is \$250 payable upon enrollment, and advance registration is required.

Morning lectures will review important principles of chemistry and biochemistry and will deal with molecular mechanisms of drug actions; routes of administration; elimination, metabolism, and time course of drug action; toxicity and idiosyncrasy; tolerance and physical dependence; teratogenesis, mutagenesis, carcinogenesis; and drug interactions. Afternoon informal seminars will cover the rapidly changing field of applied pharmacology.

Twenty-seven faculty members of the Stanford University School of Medicine will participate.

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MANAGEMENT OF THE SURGICAL PATIENT

AT MAUNA KEA BEACH HOTEL • APRIL 30-MAY 7, 1977

This course is designed for all physicians—both surgeons and non-surgeons—who participate in the care of surgical patients. It includes lectures and informal conferences dealing with the practical aspects of management of a variety of surgical problems. An alternate series of concurrent sessions will review the fundamental concepts of molecular biology and applied anatomy, and offer various clinical electives including presentation of problem cases by registrants.

Tuition fee is \$275, payable with \$120 room deposit to Stanford University School of Medicine upon application for enrollment. Acceptance of enrollment assures firm hotel reservation with choice of type of room at prevailing Mauna Kea rates. Group flights departing Saturday, April 30, and returning Saturday, May 7, may be available from San Francisco and Los Angeles, as well as reduced tour airfares from other originating cities. Early application is advised.

FOR COMPLETE DETAILS SEND COUPON

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The one the patient takes is never tested.

Surprising, perhaps, but it makes sense when you think about it. Obviously, the actual dose of any prescription drug the patient takes cannot be tested because it would have to be broken down for analysis — after which it could never be used by a patient.

This means that you depend on the manufacturer for assurance that the dose the patient takes is identical to the ones which have been tested.

At each step in the manufacture of a Lilly drug, test after test confirms the ingredients, formulation, purity, and accuracy — all the critical factors that assure that every Lilly medicine is just what you ordered.

That's particularly important, as you know. The same drug made by different companies can be chemically identical yet may act differently in the human body because of the many variables in the way the drugs are manufactured.

And, of course, government standards alone do not assure the efficacy and consistency — the quality of each drug you prescribe.

As we at Eli Lilly and Company see it, the ultimate responsibility for quality is ours.

For four generations we've been making medicines as if people's lives depended on them.

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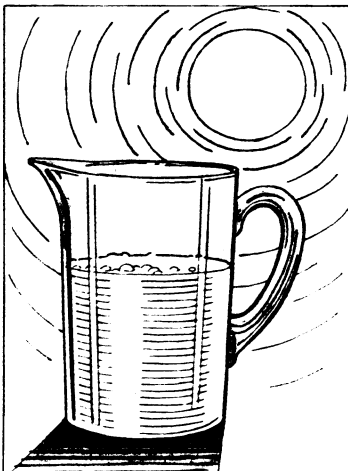
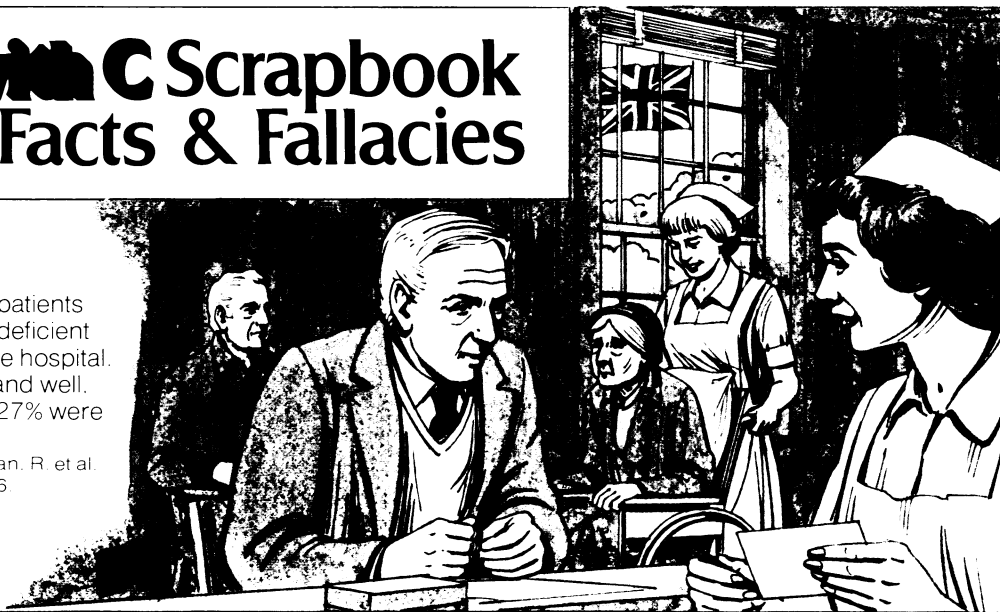
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The **ALLBEE[®] with C** Scrapbook of Vitamin Facts & Fallacies

A study conducted among elderly patients in England showed that 41% were deficient in ascorbic acid on admission to the hospital. Even among those living at home and well, or not sufficiently ill for admission, 27% were deficient in ascorbic acid.

Griffiths, L.L., Brocklehurst, J.C., MacLean, R. et al.
Diet in Old Age, Brit. Med. J., 1:739, 1966



The loss of riboflavin in milk in a glass container exposed to sunlight for two hours may be as high as 95%.



Quick freezing of vegetables is accompanied by very little ascorbic acid loss. But blanching, washing, and prolonged standing at room temperatures results in considerable reduction in Vitamin C content.

In World War I a unit of 100 beds per division in the Russian army was set aside for scurvy patients. Yet, only 20 cases of scurvy were reported among all American troops in 1917-18.

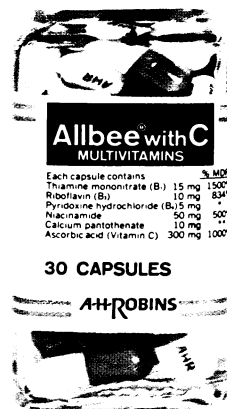


At least 144 different quality assurance tests are run on the raw materials and manufacturing steps that go into Allbee[®] with C. The Monogram "AHR" on every capsule is your assurance that this is the original and genuine Allbee[®] with C and not an imitation.

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recommendation

ALLBEE[®] with C

High Potency
B-Complex and
Vitamin C
Formula



A.H. Robins Company, Richmond, Va. 23220

A-H-ROBINS



Spasm reactor. Donnatal!

	each tablet, capsule or 5 ml tsp of elixir (23% alcohol)	each Donnatal No. 2 Tablet
Phenobarbital (warning: may be habit forming)	($\frac{1}{4}$ gr) 16.2 mg	($\frac{1}{2}$ gr) 32.4 mg
Hyoscyamine sulfate	0.1037 mg	0.1037 mg
Atropine sulfate	0.0194 mg	0.0194 mg
Hyoscine hydrobromide	0.0065 mg	0.0065 mg

Indications: Based on a review of this drug by the NAS, NRC and/or other information, FDA has classified the following indications as possibly effective: adjunctive therapy in the treatment of peptic ulcer; the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis. Final classification of the less-than-effective indications requires further investigation.

Brief summary. Contraindicated in patients with glaucoma, renal or hepatic disease, obstructive uropathy (for example, bladder neck obstruction due to prostatic hypertrophy) or a hypersensitivity to any of the ingredients. Blurred vision, dry mouth, difficult urination, and flushing or dryness of the skin may occur at higher dosage levels, rarely at the usual dosage.

A-H-ROBINS A H Robins Company Richmond Virginia 23220



RECENT CHANGES

federal register

Providing
Drug Information
to Physicians

Informational
Bulletin #433-76

National
Health
Insurance

special report
Malpractice
insurance:

drug
bulletin

Health care doesn't
need more red tape

Drug firms challenge
MAC rules

Drug
Substitution

The American Association
of Health Planners
RESEARCH

Mailgram

THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all kinds of scrutiny. Your control over patient therapy is being monitored, judged and occasionally abrogated, sometimes by unknown third parties.

The worry is that in the wake of this focus, the relationship between you and your patient will be weakened, without offsetting benefits. Consider three examples:

Drug substitution In most states, pharmacy laws, regulations or professional custom stipulate that your non-generic prescriptions be filled with the precise products you prescribe. But in the last five years, a dozen or more State laws have been changed, permitting the pharmacist in most cases to select a product of the same generic drug to fill any prescription.

Ironically, this dilution of physician control has taken place against a background of growing evidence that purportedly equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA itself says it has not enforced the same standards for hundreds of "follow-on" products that it had applied to the original NDA approvals. Thus physician control over patient therapy is being eroded with a risk that patients may be exposed to drugs of uncertain quality.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant savings has been produced.

MAC Maximum Allowable Cost, MAC for short, is a Federal regulation designed to cut the Government's drug bill by setting price ceilings for drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the Government intends to pay only for the cost of the lowest-priced, purportedly-equivalent,

generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than \$1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.



Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D.C. 20005

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FAMILY PHYSICIAN AND GENERAL SURGEON needed by small multispecialty group. Outstanding clinic and hospital. Progressive small community with family atmosphere. Liberal salary and benefits. Malpractice insurance paid. Contact R. A. Callis, McCrary-Rost Clinic, Lake City, Iowa 51449; (712) 464-3194.

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ASSOCIATE IN PRACTICE OF ORTHOPEDIC SURGERY. Solo practitioner. Team physician Denver Nuggets of National Basketball Association. Adult reconstructive surgery and sports medicine orientation. Write: David C. Greenberg, MD, 1930 South Federal Boulevard, Denver, Colorado 80219.

OPHTHALMOLOGIST. Established multispecialty group in St. Paul-Minneapolis area seeks additional ophthalmologist. Excellent earnings, above average benefits. One of America's leading metropolitan areas. Excellent schools, variety of cultural and sporting events. Curriculum vitae, references invited. Box 80100, St. Paul, Minnesota 55108.

RURAL PRACTICE OPPORTUNITIES THROUGHOUT THE INTERMOUNTAIN WEST. Information on communities, practices and placement assistance offered free of charge by University of Utah College of Medicine. Great area for outdoor activities, family life and medical practice. Contact Dr. R. Woolley, Department of Family and Community Medicine, 50 North Medical Drive, Salt Lake City, Utah 84132. (801) 581-5223.

INTERNAL MEDICINE FACULTY POSITIONS UNIVERSITY OF CALIFORNIA, FRESNO, CA. The University of California, San Francisco School of Medicine, is searching for faculty members to join a new Internal Medicine teaching program for medical students, housestaff and associated health professionals at its affiliated VA Hospital in Fresno, California. The Medical School is developing a major clinical branch in Fresno to serve the Central San Joaquin Valley area of California. The VA Hospital in Fresno will be one of its principal teaching facilities. The program emphasizes primary care training. Candidates should have board certification in Internal Medicine and clinical teaching experience. General internists and subspecialists in cardiology, gastroenterology, endocrinology, and pulmonary diseases are sought. Salaries commensurate with academic qualifications and clinical experience. Academic appointments at UCSF School of Medicine. The University of California is an Equal Opportunity Employer with an affirmative action faculty recruitment program. Please send c.v.'s or inquiries for further information to: Lloyd H. Smith, Jr., MD, c/o David Werdegard, MD, Associate Dean, U.C. Medical Education Program, 2615 E. Clinton Ave., Fresno, CA 93703; (209) 224-3235.

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A rural regional health care system located in the beautiful mountains of Eastern Kentucky, Virginia and West Virginia needs Family Practitioners, OB-GYN, Radiologists, Psychiatrists, ENT, General Surgeon, Internists and specialists in Emergency Medicine for its ten (10) hospitals and Primary Care Centers. ARH provides comprehensive health and health related services to a major segment of rural Appalachia. Excellent starting salaries and fringe benefits include malpractice insurance, four (4) weeks paid vacation, paid health insurance, and moving expenses.

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Appalachian Regional Hospitals
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Lexington, Kentucky 40503
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INTERNIST AND FAMILY PRACTITIONER needed to replace retiring member of Six man Medical Corporation. Small metropolitan area. Very friendly with close proximity to big Cities and beaches. Local City College and 4 year College with all social amenities and sport. 4½ day week, prepaid malpractice, on call shared by all in group. Competitive salary 1st year—full corporate stock holdership after 1st year. Full Corporate benefits immediately. Write: B. R. Ericsson, MD, Manor Medical Group, Inc., 223 China Grade Loop, Bakersfield, CA 93308.

INTERNIST—Board certified or eligible, any subspecialty interest, to join young group in consultative and primary care practice. Located in the foothills in Northern California, a recreation paradise. Contact Oroville Internal Medicine Medical Group, 2767 Olive Highway, Suite 11, Oroville, CA 95965; Phone (916) 533-1554.

INTERNISTS needed in an innovative multi-specialty group practice being organized at the Long Beach VA Hospital for delivery of comprehensive primary patient care. Activities include inpatient care, ambulatory care, and teaching. Contact Chief, Medical Service, VA Hospital (111) Long Beach, CA 90822. An equal opportunity employer.

CHILD PSYCHIATRIST \$34,068-\$41,352 per year. Stanislaus County Mental Health Department, Modesto, CA. Contact Personnel Department, 1100 H Street, Modesto, CA 95354; (209) 526-6341.

PSYCHIATRIST \$32,460-\$39,396 per year. Stanislaus County Mental Health Department, Modesto, CA. Contact Personnel Department, 1100 H Street, Modesto, CA 95354; (209) 526-6341.

CALIFORNIA—BOARD CERTIFIED, ANESTHESIOLOGIST for Chief, Anesthesia Section needed at VA Hospital, Livermore, CA. Ideal living, good climate and clean air. Malpractice insurance not needed. Position will be available in early December. Salary dependent on experience and qualifications. Contact: Byron V. Whitney, MD, FACS, Chief, Surgical Service, VA Hospital, Livermore, CA 94550; Tel: (415) 447-2560, ext. 213.

CALIFORNIA—ASSISTANT CHIEF OF RADIOLOGY, UCSF-affiliated hospital. Sub-specialty training in Neuro, Peds, or significant experience in lesser sub-specialty areas desirable. Outstanding professional opportunity in an academically oriented clinical practice. Reply to Justin L. Williams, MD, Chief of Radiology, Valley Medical Center of Fresno, 445 S. Cedar Ave., Fresno, CA 93702; (209) 251-4833, 2318.

OBSTETRICIAN to associate with Ob-Gyn Department of established multispecialty group in St. Paul-Minneapolis and suburban areas. Excellent salary, generous fringe benefits. Tremendous growth potential in one of America's leading metropolitan areas. Curriculum vitae and references invited. Box 80100, St. Paul, Minnesota 55108.

INTERNIST—MEDICAL DIRECTOR

Internist sought for full time academic position to serve as Medical Director of home care program and consultant in comprehensive medical clinic within the division of ambulatory and community medicine UCSF. Applicants should have experience in undergraduate teaching and interest in the management of chronic illness in ambulatory and homebound patients. Applicants must be certified in internal medicine and licensed in the State of California.

This position is at the assistant professor level and is available 1 July 1977. UCSF is an Equal Opportunity/Affirmative Action employer. Women and minorities are encouraged to apply. Address inquiries with C.V. to:

John J. Deller, MD, Chairman of Search Committee, Division of Ambulatory and Community Medicine, University of California, San Francisco A-405, before 31 January 1977.

PLASTIC SURGEON

Very nice Southeastern city now in need of a plastic surgeon. The location is Columbus, Georgia. This is an excellent practice opportunity! For further information send C.V. to: **Paul J. Holley, General Care Corp., 6213 Charlotte Ave., Nashville, Tenn. 37209**

PHYSICIANS WANTED

BAY AREA—LOS ANGELES—Specialty open—A major ethical Pharmaceutical Company has 2 newly created positions geographically located in the above areas. Responsibilities include contacts with State Health Agencies, Medical Programs, H.M.O.'s, Legislatures, Medical & Pharmacy Associations, Drug Abuse Programs, Consumer Groups etc. Salary, Bonus & a Car offered. For more information contact A. W. Blendow, 185 Front St., Suite 205, Danville, CA 94526, or call collect (415) 837-8115.

GENERAL INTERNIST, Internist, Certified or recently trained, for 100 bed Medical Service in Bay Area GM&S Hospital. Excellent research facilities available. Write Chief of Medicine, Veterans Administration Hospital, Livermore, CA 94550.

INTERNIST to join 3 Internists who share office. Present 4th Internist is retiring at end of 1976. Reply: Drs. Martin, Thompson, & Fukuda, 307 Placentia, No. 103, Newport Beach, CA 92663.

PHYSICIANS WANTED

FAMILY/GENERAL PRACTICE—Several positions available in multi-specialty fee for service group; salary and incentive compensation with opportunity for partnership. Clinic is located in Tacoma, WA, near several hospitals. Contact Donald Reddington, Administrator, Mail—Western Clinic, 521 So. "K" St., Tacoma, WA 98405. Telephone (206) 627-9151, ext. 210.

SEEK CERTIFIED INTERNIST FOR SPACE SHARING ARRANGEMENT. Immediate need due to recent disability of active internist. Cardiology, pulmonary, endocrinology or infectious disease background desirable, but practice predominantly general internal medicine. Excellent hospital facilities and local amenities. Contact D. Gornel, MD, Box 6447, Carmel, CA 93921 (408) 624-8569.

FAMILY PRACTICE RESIDENCY (FP, FP2) positions available in new program at Santa Ana-Tustin Community Hospital, a new 299 bed facility; program affiliated with University of California, Irvine, School of Medicine, Department of Family Practice; applications from qualified candidates are welcome; minorities and women are encouraged to apply. For application and information write to: Ann K. Kershner, MD, Director of Medical Education, Santa Ana-Tustin Community Hospital, 1001 North Tustin Avenue, Santa Ana, CA 92705.

SANTA ANA-TUSTIN COMMUNITY HOSPITAL, in cooperation with the College of Medicine of the University of California, Irvine, is recruiting a Director for the Family Practice Residency Program. The program is affiliated with the College of Medicine; Director will hold position there in the Department of Family Medicine, at the Assistant or Associate Professor level. Board certification or qualification required. Duties to include inpatient attending rounds and supervision and teaching in adjacent ambulatory center. Applications from qualified candidates are welcome; minorities and women are encouraged to apply. Send C.V. and names and addresses of three references to Ann K. Kershner, MD, Director of Medical Education, Santa Ana-Tustin Community Hospital, 1001 N. Tustin Ave., Santa Ana, CA 92705.

URGENTLY NEEDED—FP, Ophth., Urol., ENT, Orth., OB. Beautiful town in N.E. Miss., with large drawing area. On Pickwick Lake and Tombigbee Waterway. Fully equipped hospital. Full-time E. R. coverage. Call collect (601) 423-6014 for Dr. Kelly Segars.

PHYSICIANS WANTED—PART TIME: General practitioner daily 10-1; eye, nose, and throat 4 hours once each week; eye doctor 4 hours once each week. Contact Don Won Kim, KOA Medical Center, 3544 West Olympic Blvd., Los Angeles, CA 90019. (213) 731-0681.

PRIMARY CARE PHYSICIANS NEEDED in Alaska, Idaho, Oregon and Washington. Positions available in Migrant clinics, Community health centers, and other programs in medically underserved areas. Nonprofit organization is coordinating recruitment under federal grant. For information contact: The Clearinghouse, 1370 Stewart St., Seattle, WA 98109, (206) 682-3780.

EVERGREEN STATE NEEDS PRIMARY CARE—Physicians needed in Washington State for group, associate and solo practices. Opportunities exist in rural and urban communities. Nonprofit organization is coordinating recruitment for the state. Contact: The Clearinghouse, 1370 Stewart Street, Rm 210, Seattle, WA 98109. (206) 682-3780.

FACULTY FOR EMERGENCY MEDICINE RESIDENCY PROGRAM, university affiliated teaching hospital. Board Certified in Surgery, Internal Medicine or recent graduate-approved residency in Emergency Medicine. Salary competitive; malpractice insurance paid. California license necessary. Send curriculum vitae and names of three references to: William G. Malette, MD, Kern Medical Center, 1830 Flower Street, Bakersfield, CA 93305. Telephone (805) 323-7651, extension 346.

WANTED—Family practitioner, pediatrician, or internist to join general surgeon doing family practice in Southwest Minnesota community of 11,000. University town—accredited hospital under new construction. Please contact: R. W. Taintor, MD, 1104 E. College Drive, Marshall, MN 56258. Phone: (507) 532-2251 (Clinic); (507) 532-5281 (Home).

PHYSICIANS

Private practice (solo, partnerships, groups) opportunities exist in many communities of the United States.

As a public service to the communities we serve, we are performing a free, no obligation, service acting as a liaison between physicians interested in practice opportunities and communities in need of their services. All communities have modern, JCAH approved hospitals, modern offices, and recognized needs for additional physicians. Write with cv, stating availability date, geographical preference, type of practice situation and size of community desired to:



Kenneth W. Oliver
Coordinator, Professional Relations
Hospital Corporation of America
One Park Plaza
Nashville, Tennessee 37203

PHYSICIANS WANTED

CARMEL—Primary care physician needed in this growing resort area. Suite in well located medical-dental complex, to be designed by lessee. Available immediately. (408) 624-1528.

TRYING TO RELOCATE? Texas Positions for Primary Care Physicians require eligibility for Texas licensure and/or completion of FLEX. No charge to the physician. All inquiries confidential. The Rural Doctor's Group, Inc. (A Physician Search/Placement Service), First Federal Place, Suite 507, 200 E. Tenth Street, Austin, Texas 78701.

ASSOCIATE WANTED IN ORTHOPAEDIC PRACTICE. Solo practitioner interested in associate of similar training and interests. Located in small Northern California town, with excellent family and recreational opportunities. Rotating emergency call schedule shared with four other orthopaedists. University trained. Board certified. Special interest in short term Christian Missions. Write Box No. 9499, Western Journal of Medicine, 731 Market Street, San Francisco, CA 94103.

FULL-TIME EMERGENCY ROOM PHYSICIAN for an East Bay (San Francisco Bay Area) hospital to work 40 hour week. Reply to: Emergency Room Director, Box 9497, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

PART-TIME EMERGENCY ROOM position available for a well-trained General Practitioner desirous of developing private practice in the East Bay (San Francisco Bay Area). Reply to: Emergency Room Director, Box 9498, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

STOCKTON-SAN JOAQUIN COUNTY. 260-bed teaching hospital in need of Board eligible/certified radiologist. Individual or group association available. Salary open based on experience and qualifications. Malpractice provided by hospital. Located in San Joaquin Valley, east of San Francisco Bay Area. Send C.V. or inquiries to: Michael N. Smith, Director, San Joaquin General Hospital, P.O. Box 1020, Stockton, CA 95201.

YOUNG GENERAL INTERNIST; full-time for teaching in-patient and ambulatory care in Family Practice Residency Program. Northridge Hospital Family Practice Center, 18406 Roscoe Blvd., Northridge, CA 91325. (213) 885-1261.

ANESTHESIOLOGIST

Join two man group in new 300+ bed community hospital—Ozark Area—a paradise of recreational activities, fine pleasant community atmosphere. Desirable environmental situation. Town 65,000—Area 300,000. **Edward J. Safranek, MD, 216A North Greenwood Avenue, Fort Smith, Arkansas 72901.**

PHYSICIANS WANTED

DAVIS-YOLO COUNTY: 4 person family practice group seeking new associate. All MD's Board-certified, in an attractive medical complex, vacation and post-grad leave. Retirement plan. Community hospital accredited in a university town with a medical school. Atmosphere rural suburban. Salary first year, insurance paid. Contact: J. Thomas Wilkes, MD, Davis Medical Group, 635 Anderson Road, Suite 10, Davis, CA 95616 or phone (916) 753-3346.

OPHTHALMOLOGIST—Surgeon to join eye group. Prefer general ophthalmologist with subspecialty (not retina or plastics). Central California University town. Qualified retirement plan, and other corporate benefits. Send résumé to Box 9495, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

ER PHYSICIANS, FAMILY PRACTITIONERS, AND PEDIATRICIANS needed for 50 Physician multi-specialty practice. Contact Max F. Kersbergen, Administrator, The Alaska Clinic, 2841 DeBarr Road, Anchorage, Alaska 99504.

WANTED: FAMILY PRACTITIONER AND OB-GYN SPECIALIST in McMinnville, Oregon in the Willamette Valley 35 miles from Portland. In the middle of hunting and fishing area. 13,000 population, 40,000 drawing area. Modern open staff hospital. Dr. James D. Treneman, 1300 N. Adams St., McMinnville Ore. 97128. Phone (503) 472-4647, eves. (503) 472-7676.

POSITION AVAILABLE. OB-GYN for busy clinic. Duties include: family planning; 1st and 2nd trimester abortions; general gyn; laparoscopic tubal ligations; pre-natal and obstetrical care. Salary: \$50,000 annually. Medical malpractice paid. Contact: Pat Miller, Family Planning Alternatives, 505 W. Olive Ave., Ste. 210, Sunnyvale, CA 94086.

EXCELLENT OPPORTUNITY for qualified, ambitious Family Practitioner. Full or part-time associate needed for long established private practice in South Bay area of Los Angeles. Participate on percentage basis. Excellent climate, schools, recreation. (213) 373-7369, L. Valkenburg, Bus. Mgr.

INTERNIST AND GENERAL PRACTITIONER: small, well established medical group in San Fernando Valley needs help to service expanding practice. Potential for early partnership. New clinic building with room for expansion. Contact R. C. Hurn, Administrator: 9628 Van Nuys Blvd., Panorama City, CA 91402, telephone (213) 893-9761.

GENERAL PRACTITIONER'S OFFICE IN SALINAS, CALIFORNIA. Fully equipped and furnished. Reasonable. Will turn over records. Phone (415) 344-4442. Or write Box 9501, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

HELP WANTED MEN/WOMEN

MEDICAL CONSULTANT, State Board of Medical Quality Assurance, \$36,936-\$42,156. State-wide openings with California State Board of Medical Quality Assurance for Medical Consultants to administer program of evaluating and investigating professional conduct and competence of licensees. Must possess license or qualifications for license to practice medicine in California. Five years in general practice medicine and surgery or in one of the specialties, excluding Internship, with at least two years experience as member of (1) medical records review board, (2) State board of medical quality assurance, or (3) formal body charged with review of standards or criteria of medical care. Possession of masters degree involving public policy or public health orientation may be substituted for the two years of specialized experience. Applications (résumé) must be received no later than December 24, 1978. Address to Joseph P. Cosentino, MD, Board of Medical Quality Assurance, 1430 Howe Ave., Sacramento, CA 95825. Further Information: (916) 322-2341. Equal Opportunity in Action!

(Continued on Page 22)



AND
Western Scientific Assembly

March 4-9, 1977 • Disneyland Hotel • Anaheim

Registration opens Friday, March 4 at 7:30 a.m. in the Disneyland Hotel
Convention Center Foyer

APPLICATION FOR HOTEL ACCOMMODATIONS

Your reservation request should include the definite date and hour of your arrival and departure.

All suite reservations must be cleared through the CMA Convention Office, San Francisco. If you are requesting a suite, direct your requests to: CMA Convention Office, 731 Market Street, San Francisco 94103.

Cancellations: Please notify Disneyland Hotel Reservations Department of all cancellations.

Changes: All other changes are to be made directly with the hotel at all times.

1977 ANNUAL SESSION • CALIFORNIA MEDICAL ASSOCIATION

Please circle desired accommodations:

DISNEYLAND HOTEL

	Garden	Towers
Single	\$30.00	\$38.00
Twin or Double	34.00	42.00
Triple or Quad	40.00	48.00
Suites: Sitting Room with 1 Bedroom		90.00
Sitting Room with 2 Bedrooms		125.00

Plus 6% city tax

Parking for registered guests is \$1.00 for 24 hours.

If the rate you have requested is no longer available, the next available room category will be confirmed.

Please enclose first night's rent as deposit. Deposit can only be refunded if hotel is notified 5 days before arrival date.

Reservations will not be guaranteed if deposit is not received by February 2, 1977.

Send to: Disneyland Hotel Reservations
1150 West Cerritos Avenue
Anaheim, California 92803

Rate Requested _____

Arrival (date) _____ a.m. _____ p.m. Departure (date) _____ a.m. _____ p.m.
Hour _____ Hour _____

The name and address of each hotel guest must be listed. Include names and addresses of **each** person in a double or twin-bedded room, and names and addresses of **all other persons** for whom you are requesting reservations.

Your Name _____

Address _____

City and State _____ Zip Code _____

ADDITIONAL OCCUPANTS:

Pain: a call to action.



- ☐ rapid acting
- ☐ effective, reliable oral analgesia in moderate to moderately severe pain
- ☐ oxycodone, the principal ingredient of Percodan® is one of the more readily absorbed oral narcotic analgesics
- ☐ one tablet q.6 h.*

Percodan® Tablets

Each yellow, scored tablet contains 4.50 mg. oxycodone HCl (Warning: May be habit forming), 0.38 mg. oxycodone terephthalate (Warning: May be habit forming), 224 mg. aspirin, 160 mg. phenacetin, and 32 mg. caffeine.



*See dosage and administration section of Brief Summary

Whenever an APC/narcotic is indicated.

DESCRIPTION Each yellow, scored tablet contains 4.50 mg. oxycodone HCl (Warning: May be habit forming), 0.38 mg. oxycodone terephthalate (Warning: May be habit forming), 224 mg. aspirin, 160 mg. phenacetin, and 32 mg. caffeine.

INDICATIONS For the relief of moderate to moderately severe pain.

CONTRAINDICATIONS Hypersensitivity to oxycodone, aspirin, phenacetin or caffeine.

WARNINGS **Drug Dependence** Oxycodone can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Psychic dependence, physical dependence and tolerance may develop upon repeated administration of PERCODAN®, and it should be prescribed and administered with the same degree of caution appropriate to the use of other oral narcotic-containing medications. Like other narcotic-containing medications, PERCODAN® is subject to the Federal Controlled Substances Act.

Usage in ambulatory patients Oxycodone may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. The patient using PERCODAN® should be cautioned accordingly.

Interaction with other central nervous system depressants Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) concomitantly with PERCODAN® may exhibit an additive CNS depression. When such combined therapy is contemplated, the dose of one or both agents should be reduced.

Usage in pregnancy Safe use in pregnancy has not been established relative to possible adverse effects on fetal development. Therefore, PERCODAN® should not be used in pregnant women unless, in the judgment of the physician, the potential benefits outweigh the possible hazards.

Usage in children PERCODAN® should not be administered to children. PERCODAN®-Demi, containing half the amount of oxycodone, can be considered. (See product prescribing information for PERCODAN®-Demi.)

Salicylates should be used with caution in the presence of peptic ulcer or coagulation abnormalities.

PRECAUTIONS Head injury and increased intracranial pressure

The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute abdominal conditions The administration of PERCODAN® or other narcotics may obscure the diagnosis or clinical course in patients with acute abdominal conditions.

Special risk patients PERCODAN® should be given with caution to certain patients such as the elderly or debilitated, and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, and prostatic hypertrophy or urethral stricture.

Phenacetin has been reported to damage the kidneys when taken in excessive amounts for a long time.

ADVERSE REACTIONS The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients, and some of these adverse reactions may be alleviated if the patient lies down.

Other adverse reactions include euphoria, dysphoria, constipation and pruritus.

DOSAGE AND ADMINISTRATION Dosage should be adjusted according to the severity of the pain and the response of the patient. It may be occasionally necessary to exceed the usual dosage recommended below in cases of more severe pain or in those patients who have become tolerant to the analgesic effect of narcotics. PERCODAN® is given orally. The usual adult dose is one tablet every 6 hours as needed for pain.

DRUG INTERACTIONS The CNS depressant effects of PERCODAN® may be additive with that of other CNS depressants. See WARNINGS.

Aspirin may enhance the effect of anticoagulants and inhibit the uricosuric effect of uricosuric agents.

MANAGEMENT OF OVERDOSAGE Signs and Symptoms Serious overdose with PERCODAN® is characterized by respiratory

depression (a decrease in respiratory rate and/or tidal volume, Cheyne-Stokes respiration, cyanosis), extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdose, apnea, circulatory collapse, cardiac arrest and death may occur. The ingestion of very large amounts of PERCODAN® may, in addition, result in acute salicylate intoxication.

Treatment Primary attention should be given to the re-establishment of adequate respiratory exchange through provision of a patent airway and the institution of assisted or controlled ventilation. The narcotic antagonists naloxone, nalorphine or levallorphan are specific antidotes against respiratory depression which may result from overdose or unusual sensitivity to narcotics, including oxycodone. Therefore, an appropriate dose of one of these antagonists should be administered, preferably by the intravenous route, simultaneously with efforts at respiratory resuscitation. Since the duration of action of oxycodone may exceed that of the antagonist, the patient should be kept under continued surveillance and repeated doses of the antagonist should be administered as needed to maintain adequate respiration.

An antagonist should not be administered in the absence of clinically significant respiratory or cardiovascular depression.

Oxygen, intravenous fluids, vasopressors and other supportive measures should be employed as indicated.

Gastric emptying may be useful in removing unabsorbed drug. **DEA Order Form Required.**

PERCODAN® is a registered trademark of Endo, Inc.

Endo Inc.
Manati, Puerto Rico 00701
Subsidiary of E.I. du Pont de Nemours & Co. (Inc.)

1503

EDO 6750

CMA Disability Insurance

Members previously covered by Lumbermens Mutual were transferred on December 1 to a new CMA plan underwritten by Mutual of New York and administered by Marsh & McLennan. Participants have been advised of the change by letter from the Committee on Physicians Group Insurance. If you have overlooked that material, or have any question, please do not hesitate to contact this office.

CMA Insurance Dept.

**Marsh &
McLennan**

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